

Attorney Docket No.: PGOSS-P004

PA CE	<u>IN</u>	THE UNITED ST	ATES PATENT A	ND TRADEMARK OFFICE						
envelope	bearing First low date of	st Class Postage and addro deposit.		eing deposited with the United States Postal Service in an er for Patents P.O. Box 1450, Alexandria, VA 22313-1450,						
Date of Deposit:	11/30/0	Name of Person Making the Deposit:	Shannon Carmo	Signature of the Person Making the Deposit:						
In re Ap	plication	of: GOSSETT								
Applica	tion No.:	10/015,013	Examiner	: NGUYEN, Dung X						
Filed:	12/11/2	2001	Art Unit:	2631						
Confirm	nation No.	; 2062								
	PC FILTE		PERIODIC AND QU	ASI-PERIODIC INTERFERENCE FROM SPREAD						
P.O. Bo	x 1450	r Patents								
Alexand	aria, VA 2	22313-1450	AMENDMENT 1	<u> </u>						
1. Transmitted herewith is an amendment for this application										
X Tra			se to an office action	for the above identified patent application.						
	1 <b>5</b> ansmitted her:	sheets) herewith are	sheets of substitu	ute formal drawings.						
2.	Applican	t is other than a small	entity							
			Extension of	f Term						
3.	The proceedings herein are for a patent application and the provisions of 37 C.F.R. 1.136 apply.									
(a)	[X ] Applicant petitions for an extension of time under 37 C.F.R. 1.136 (fees: 37 C.F.R. 1.17(a)-(d) for the total number of months checked below:)									
		Extension [ X] one mon [ ] two month [ ] three month [ ] four month [ ] five month	th \$ s s ths \$ ss ss \$ ss \$	<u>ee</u> 120.00 450.00 1,020.00 1,590.00 2,160.00 <b>ee</b> \$ 120.00						
If an ad	ditional e	xtension of time is rec	quired, please consid	er this a petition therefor.						
(b)			e for the possibility th	m is required. However, this conditional petition is at applicant has inadvertently overlooked the						

1 of 2 12/05/2006 EAREGAY1 00000033 10015013

rev. 10/04 kgr

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## **Fee Calculation**

4. The fee for claims (37 C.F.R. 1.16(b)-(d)) has been calculated as shown below:

(for other than a small entity)								
Fee Items	Claims Remaining After Amendment	Highest Number of Claims Previously Paid For	Present Extra Claims	Fee Rate	Total			
Total Claims	23	- 25 =		X \$50.00	\$0.00			
Independent Claims	5	- 7 =		x \$200.00	\$0.00			
Multiple Dependent Claim Fee (one or more, first added by this amendment) \$360.00								
Total Fees								

## **PAYMENT OF FEES**

- 5. The full fee due in connection with this communication is provided as follows:
- [ x ] The Commissioner is hereby authorized to charge any additional fees associated with this communication or credit any overpayment to Deposit Account No.: 23-0085.

  A duplicate copy of this authorization is enclosed.
- [ x ] Check in the amount of \$120.00

Please direct all correspondence concerning the above-identified application to the following address:

## WAGNER, MURABITO & HAO LLP

Two North Market Street, Third Floor San Jose, California 95113 (408) 938-9060 Customer No:41066

Respectfully submitted,

Date: November 30, 2006

Kevin A. Brown Reg. No. 56,303